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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	MICHAEL ANTHONY PUGEL et al.
Title	APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS BY DOWN-CONVERTING TO VACANT CHANNELS
Art Unit	
Examiner Name	
Attorney Docket Number	PLIDADOSA

I hereby appoint:    Practitioners at Customer Number				<u> </u>						
OR Practitioner(s) named below:  Name Registration Number  Name Registration Number  Name Registration Number  Registration total Interest on the registration total Interest on their representative(s) are required.	_ ` `		stomer Number	Customer Nur	mber 2	4498				
Address THOMSON LICENSING INC.  Address P. O. BOX 5312  City PRINCETON State NJ ZIP 08543-5312  Country USA  Telephone 609-734-6818 Fax 609-734-6888  I am the: Applicant/Inventor.  Applicant/Inventor.  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Signature Date  RONALD H, KURDYLA, REG. NO. 26,932  Signature Submit multiple forms if more than one signature is required, see below*.			_							
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Individual Name  Address  THOMSON LICENSING INC.  Address  P. O. BOX 5312  City  PRINCETON  State  NJ  ZIP  08543-5312  Country  USA  Telephone  609-734-6818  Fax  609-734-6888  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  RONALD H. KURDYLA, REG. NO. 26,932  Signature  Date  Telephone  609-734-6818  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	The ac	idress ass	ociated with Cust	omer Number:						
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DATED this

2005.

**SIGNED** 

Joseph S. Tripoli Sr. Vice President

Thomson Licensing Inc. and

Attorney In Fact for

THOMSON LICENSING

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Davida Foinaiotto